

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
**DRINKING WATER TOTAL TRIHALOMETHANES ANALYSIS REPORT**

\*\*\*SAMPLES TO BE TAKEN IN THE DISTRIBUTION SYSTEM ONLY\*\*\*

>>>> PUBLIC WATER SYSTEM INFORMATION <<<<

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[ \_ / \_ / \_ / \_ / \_ ]  
System ID

System Name

[ \_ / \_ / \_ ] [ \_ : \_ ] (24 hr clock)  
Sample date Sample time

Owner/Contact Person Name

( \_ )  
Owner/Contact Fax Number

( \_ )  
Owner/Contact Person Phone Number

Plant ID# [ \_ ]

SAMPLE COLLECTION POINT/ID

☐ Zone/Distribution system

[ \_ ]  
General Collection Point

SAMPLE TYPE

☐ Non-Maximum Residence Time

☐ Maximum Residence Time

**FOR MCL EXCEEDANCE ONLY**

[ \_ ]  
Original Violating Specimen Number

SAMPLE TYPE

☐ CONFIRMATION

\*\*\* TTHM ANALYSIS \*\*\*

>>>> To be filled out by laboratory personnel <<<<

Analysis Method	MCL Value	MDL/Trigger Value***	Contaminant Name	Cont. Code	Analysis Results	Analysis/Run Date	Exceeds** MCL
_____	0.10**	0.0005***	TTHMs * 2950		_____	G	

>>>>> **LABORATORY INFORMATION** <<<<<<  
To be filled out by laboratory personnel

SPECIMEN NUMBER

[ \_ ]

ID Number [AZ / / / ] Name: [ \_ ]

Comments: [ \_ ]

Authorized Signature: [ \_ ]

Date Public Water System Notified: [ \_ ]

All units must be reported in milligrams per liter (mg/l)

\*TTHMs are comprised of Chloroform, Bromoform, Bromo-dichloromethane, and Dibromochloromethane.

\*\*MCL is based on a running annual average.

\*\*\*MDL Applies to the individual Trihalomethane Compounds

DWAR 7: REVISED~February 8, 2000

# INSTRUCTIONS FOR USING THE ARIZONA DRINKING WATER DISINFECTION BYPRODUCTS ANALYSIS REPORTING FORM

Revised February 8, 2000

**SYSTEM ID:** This is a unique 5 digit Public Water System Identification (PWSID) number assigned to each public water system by ADEQ.

**SYSTEM NAME:** This should be the legal name which the water system has registered with the Arizona Corporation Commission (ACC). If the system is a municipality or other non ACC regulated entity, this should reflect the legal structure, such as XYZ Water Improvement District. Always notify the Department in writing of any name or ownership change.

**SAMPLE DATE:** The date the specimen was collected in mm/dd/yy format.

**SAMPLE TIME:** The time the specimen was collected in hh:mm format (24 hr clock time).

**OWNER/CONTACT PERSON NAME:** The first and last name of the owner or owner's representative, (contact person) who should be contacted with sample results.

**OWNER/CONTACT PHONE #:** The daytime phone number of the owner or owner's representative, (contact person) who should be contacted with sample results.

**SAMPLE TYPE:** The compliance reason for specimen collection. Only the relevant sample types for each contaminant group are provided on the ADEQ forms. Mark only one sample type per analysis form.

**SAMPLE COLLECTION POINT/ID:** The location within the water system where the sample was taken and its assigned identifying number. **Zone** - This location must be used for Total Trihalomethane samples representative of the distribution system.

**PLANT ID#:** This location is used to identify which surface water treatment plant is being monitored for Turbidity sampling, and Residual Disinfection Concentration sampling. This location is also used to identify the plant associated with Total Trihalomethane sampling, as a water system must take four samples per treatment plant. This two digit number is assigned by ADEQ.

**SPECIMEN NUMBER:** A unique 15 character (max) alphanumeric code that identifies a particular sample used to test one contaminant or one category of contaminants for a specific sampling event. If the sample analysis results exceed the MCL, and you are required to take a confirmation sample, this number will be used as the "Original Violating Specimen #" described below.

**FOR MCL EXCEEDANCE ONLY/ORIGINAL VIOLATING SPECIMEN NUMBER:** This is the unique 15 character (maximum length) alphanumeric code that identified the original specific sample that initiated the confirmation sampling requirement [See SPECIMEN # above]. If a MCL value is exceeded, use the specimen id number associated with that MCL value.

## **PLEASE MAIL COMPLETED FORM TO:**

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER QUALITY COMPLIANCE DATA UNIT (MO-501B)  
3033 NORTH CENTRAL AVE. ~ PHOENIX, ARIZONA 85012**

**NOTE:** These definitions are general in nature. For specific questions regarding your laboratory submittal, please contact the Arizona Department of Environmental Quality (ADEQ) **Water Quality Compliance Section** at **1-800-234-5677, ext. 4681, or (602) 207-4681.**

**www.adeq.state.az.us - water quality - safe drinking water - forms reports and guidelines - lab reporting forms -**  
Drinking Water *Total Trihalomethane* Analysis Reporting Form 20 KB  
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